

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 			
1. Article Addressed to: DaimlerChrysler Services of N. A. 27777 Inkster Rd. Southfield, Michigan 48334		A. Signature <i>Clifford C. Casper</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>C. Casper</i> C. Date of Delivery <i>10/05/06</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <i>1:05CV612 S. C + and. comp.</i>	
2. Article Number <i>(Transfer from service label)</i>		7005 0390 0001 6233 6683	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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1. Article Addressed to: Equifax Information Services c/o CSC Lawyers in Service 150 South Perry St. Montgomery AL 36104		A. Signature <i>X - B. Casper</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>B. Casper</i> C. Date of Delivery <i>10/05/06</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <i>1:05CV612 S. C + and. comp.</i>	
2. Article Number <i>(Transfer from service label)</i>		7005 0390 0001 6233 6706	

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1. Article Addressed to: Experian c/o The Corporation Co. 2000 Interstate Park Dr. Suite 204 Montgomery AL 36109		A. Signature <i>S. Casper</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>S. Casper</i> C. Date of Delivery <i>10/05/06</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <i>1:05CV612 S. C + and. comp.</i>	
2. Article Number <i>(Transfer from service label)</i>		7005 0390 0001 6233 6713	

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1. Article Addressed to:

Cornelius Jenkins
c/o Nimmicht Chevrolet
1550 Cassat Ave
Jacksonville FL 32211

2. Article Number

(Transfer from service label)

7005 0390 0001 6233 6621

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X *A. Campbell* Agent
 Addressee

B. Received by (Printed Name)*A. Campbell***C. Date of Delivery***8/10/06***D. Is delivery address different from item 1?** Yes

If YES, enter delivery address below:

*1:05C0612
S.C. and Cmp*

3. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) Yes**PS Form 3811, February 2004**

Domestic Return Receipt

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Trans Union LLC
c/o Prentice Hall Corp.
Systems, Inc.
150 South Perry St.
Montgomery, AL 36104

2. Article Number

(Transfer from service label)

7005 0390 0001 6233 6690

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X *J. B. H.* Agent
 Addressee

B. Received by (Printed Name)*JAMES S. WILLIAMS***C. Date of Delivery***8/10/06***D. Is delivery address different from item 1?** Yes

If YES, enter delivery address below:

*1:05C0612
J. B. and Cmp*

3. Service Type

- | | |
|--|---|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) Yes**PS Form 3811, February 2004**

Domestic Return Receipt

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